		De	ment of Pu Division o	blic Hea	olth ar	d Social	Serv	3					
		Food E	stablis	nment	Ins	pectio	n Rep	ort	Page _	<u> of</u>	f		
NSPECTION RSN	TYPE GRAD	E INSPECTI	ON DATE						SALVISTE	7 411	I SCH		
egular / / / / / / / / / / / / / / / / / / /			TIME OUT	DEDI	SOU FUN FOUD SEPULE-SIMON SANCHET HIGH SCH								
Complaint	RATIN	G 9,70 am	SANITARY PERMIT NO. LOCATION (Address) 1 70003104 SERVIT HOLDER SANITARY PERMIT NO. LOCATION (Address) 1 70003104 SERVIT HOLDER SANITARY PERMIT NO. LOCATION (Address) 1 70003104 SERVIT HOLDER SANITARY PERMIT NO. LOCATION (Address) 1 70003104 SERVIT HOLDER SANITARY PERMIT NO. LOCATION (Address) 1 70003104 SERVIT HOLDER SANITARY PERMIT NO. LOCATION (Address) 1 70003104 SERVIT HOLDER SANITARY PERMIT NO. LOCATION (Address) 1 70003104 SERVIT HOLDER SANITARY PERMIT NO. LOCATION (Address) 1 70003104 SERVIT HOLDER SANITARY PERMIT NO. LOCATION (Address) 1 70003104 SERVIT HOLDER SANITARY PERMIT NO. LOCATION (Address) SERVIT HOLDER SANITARY PERMIT NO. LOCATION (Address) SERVIT HOLDER SERVIT HOLDER SANITARY PERMIT NO. LOCATION (Address) SERVIT HOLDER SER										
nvestigation SANITARY PERMIT NO.						LOCATION (Address) 107 10727 - 2							
Other: 1 7.000 31 04					SIMON SANCHEZ HILH-SCHOOL 335 JACOUTO ROW YIGUR								
ESIMPRISHMENTITLE WHEN TELEPHONE				IE NO. O	No. of Risk Factor/Intervention Violations RISK CATEGORY								
CAFETISKIA 653-			653-1313	No. o	Repea	t Risk Facto	or/Interven	tion Violations	N/A K	8	4		
	FOODBO	RNE ILLNESS R	SK FACT	ORS /	IDNA	PUBLIC	HEAL	TH INTER	VENTIONS				
		le designated compliance (IN, C											
IN = In compliance ompliance Sta		n compliance N/O = Not obser						spection R = Repe	at violation PTS				
omphance 5ta	itus	Supervision	Juos	R PTS	Com	pliance Sta	-	ly Hazardous Fo	od (TCS Food)	cos	R PTS		
1 🕞 оит	Person	n charge present, demonstrates	T	6	16	OUT NA		cooking time and to			16		
1 6 001	knowled	knowledge, and performs duties						reheating procedur			6		
2 (N) OUT Management awareness, policy present			1	1 16				Proper cooling time and temperatures Proper hot holding temperatures			6		
3 My out		ise of reporting, restriction & ext		6		OUT N/A		cold holding temper		+	6		
		od Hygienic Practices		3.00				date marking and d		\vdash	6		
4 DOUT NUA	A 191/5 3 1 '	eating, tasting, drinking, betelnut	t, or	6	12/13			Consumer Adv					
_	lobacco		Ab.					CONSUME POLY	isot y				
5 N OUT NA		large from eyes, nose, and mount of Contamination by Hand		6	22	N OUT RA	Consu	mer Advisory provid	ed for raw or		6		
6 N OUT NA		lean and properly washed	T	16	12	W 001 (C)	underd	cooked foods			0		
7 19 OUT N/A	I NULL Z	hand contact with ready-to-eat t		6	6 10		Highl	y Susceptible P	opulations				
7	approve	d alternate method properly folic			23	OUT (A)		rized foods used; pi	rohibited foods not		6		
8 IN (10)	accessit	e handwashing facilities supplie		6			offered	Chemical		\perp			
	100000	Approved Source			la.		<u> </u>			1	T.		
9 🚯 оит	Food ob	tained from approved source		6	24	N OUT (A)	Food a	idditives: approved i	and properly used		6		
		eived at proper temperature		6	25/1	ООТ		substances properly	identified, stored,		6		
1 M9 OUT		good condition, safe, and unadu		6			used				_ u		
12 IN OUT 🐠	L NAOLI '	f records available: shellstock to destruction	ags,	6	-			nce with Approviance with variance.					
		tion from Contamination			26	OUT N/A		s, and HACCP plan	specianzed		6		
3 OUT N/A		parated and protected		6	Ī	Risk factor	rs are impro	per practices or proc	edures identified a	s the mo	st		
14 IN OUT N/A Food contact surfaces: cleaned & sanitized				6			52	ctors of foodborne i					
15 OUT Proper disposition of returned, previously served, reconditioned, and unsafe food				6	L	intervention	ns are contro	I measures to preve	nt foodborne illnes	s or injur	Y-		
			GOOD R										
Advantage to a	Good Re	tail Practices are preventative n	neasures to cont	rol the introd	luction of	pathogens,	chemicals, a	and physical objects			200		
ompliance Sta	ox: If numbered	item is not in compliance and/o		R PTS	Correcte	od on-site dur oliance Sta	ring inspection	on R=Repeat vio		merit poi	nts R IPTS		
	THE RESERVE THE PERSON NAMED IN	afe Food and Water		11.10	-			roper Use of Ut		500	11 12		
27 Pasteurized eggs used where required				1	40 In-use utensils: properly stored						1		
28 Water and Ice from approved source				2	41 Utensils, equipment and linens: property stored, dried,				y stored, dried,		1		
29 Variance obtained for specialized processing methods			,	11	handled 42 Single-use/single-service articles: properly stored, us			eriv stored, used		1			
Food Temperature Control Proper cooling methods used; adequate equipment for				1000	43						1		
	r	1	Utensils, Equipment and Vending										
tempe	rature control	nked for hot holding		1	44			contact surfaces cle	anable, properly		1		
				-	1	designed, constructed, and used							
2 Approved thawing methods used				11		strips					1		
3 Therm	ometer provide	and accurate		1	46	Nonfood	d-contact su	rfaces clean	Van		1		
4 Food		original container		11	47	Hot & co	old water av	Physical Facilit ailable, adequate pr		$\overline{}$	12		
Prevention of Food Contamination					48			proper backflow dev			2		
	s, rodents, and a	nimals not present		2	49			water properly dispo			2		
n I	Marian and a second	ted during food peparation, store	age &	1	50	Toilet fa	acilities: prop	erly constructed, su	pplied, & cleaned		2		
display Personal cleanliness				11	51					-	2		
8 Wiping cloths: properly used and stored				+	52		-	stalled, maintained,			1		
9 Washi	ng fruits and ve	petables			53			n and lighting; desig			1		
		derstand the above viola			11 500		Do	cuments and Pl	acards				
		rective measures that sh	hall be taken		54	Sanitary	_	alth Certificates valid	d and posted		2		
rson in Charge (Print and Sign)	Nicolan Oak	WAY				Date:	15/11/10					
H Inspector (Pri	nt and Sign)		lina A	A			Eatter	(Circle one):	NO F	igw-up i	Date		
The second second second		1 7.6	VIII P	y			Louow-nb	(Circie oue):	y 110 5	726/	14		
Rev: 08.2	7.15	1	White: DPHSS/D	EH Yellon	w: Food E	stablishment							

Division of Environmental Health Food Establishment Inspection Report ESTABLISHMENT NAME LOCATION (Address) SIMON SANCY 2 SOBEXO FOOD SERVICE-SIMON SANCY 2 LOCATION (Address) SIMON SANCY 2 SOBEXO FOOD SERVICE-SIMON SANCY 2	Page 2 of 2						
ESTABLISHMENT NAME LOCATION (Address) SIMON SANCY ?	I age OI						
	Z HIGH SCHOOL LOT						
INSPECTION DATE SANITARY PERMIT NO. PERMIT HOLDER	10, 4160, GUAM						
5 , 16 , 19 170003104 SODENO MANAGEMENT, 11	SODEHO MANAGEMENT, INC.						
TEMPERATURE OBSERVATIONS							
Item/Location Temperature (° F) Item/Location T Plus RILE / SERVICE LINE 166.0							
* LHEESE PILZA SERVICE LINE 121.8							
· -VARIANCE -							
CHIX / (00/451) 145.8							
ITEM NO. OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE						
Violations cited in this report must be corrected within the time frames indicated, or as stated							
8-406.11 of the Guam Food Code.							
A REGULAR INSPECTION WAS CONDUCTED PREVIOUS INSPE	ECTION						
CONDULTED ON 4/3)17 (6/A).							
THE FOLLOWING WAS OBSERVIED:							
#8 NO HUT WATER PROVIDED FOR RESTAUDA.	5/21/14						
HOT WATER SHALL DE PLOVIDED TO PHOMITE PROPER							
HANDWASH HYGIENE.							
7135 EVIDENCE OF PEST ACTIVITY IN DRY STORAGE AN	1EA 6/16/14						
	DREVENT 6/16/14						
CONTAMINATION	1/21 01101						
#52 CEILING TILES IN DISKEPAIR THROUGHOUT KITCH	HEN MARA WILLIAM						
PHYSILAL FACILITIES SHALL BE MAINTAINED TO PA							
CONTAMONATION.							
PHOTOS WERE TAKEN							
A" PLACARD NO. 0/92/ ISSUED							
BRIEFED PIL ON ABOVE.							
eased on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department The immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a wr	nt. Failure to comply may result in ritten request for hearing must be						
submitted to the Director within the period of time established in the notice for corrections. Person in Charge (Print and Sign)	Date:						
Tocaline Nicako On ont	blule						
DEH Inspector (Print and Sign) FHOI TO / E. LUM EPHUII WY	Date: 5/16/18						
Rev: 08.27.15 White: DPHSS DEH Yellow: Food Establishment							